



# Unintended Pregnancy Fact Sheet Wyoming, 2012-2013

Wyoming Department of Health

2016

## Unintended Pregnancy

### Fast Facts:

Data from 2012 - 2013 reports that one third (33%) of births in Wyoming during this period were the result of an unintended pregnancy.

-----

Unintended pregnancy cost US taxpayers \$ 21 billion in 2010. In Wyoming (2010), an estimated \$ 21.3 million could have been saved if all pregnancies during that period were intended.<sup>2</sup>

-----

Many negative health behaviors are associated with unintended pregnancy including: delayed prenatal care, smoking during pregnancy, not breastfeeding, and postpartum depression.<sup>3</sup>

Unintended pregnancy is defined by the Centers for Disease Control and Prevention (CDC) as a mistimed, unplanned, or unwanted pregnancy at the time of conception.<sup>1</sup>

The Guttmacher Institute estimates that in 2010, unintended pregnancy cost US tax payers \$ 21 billion dollars, or \$ 336 per women age 15-44, in the country. In Wyoming, the total cost (2010) was estimated to be \$ 21.3 million, or \$ 519 per woman.<sup>2</sup>

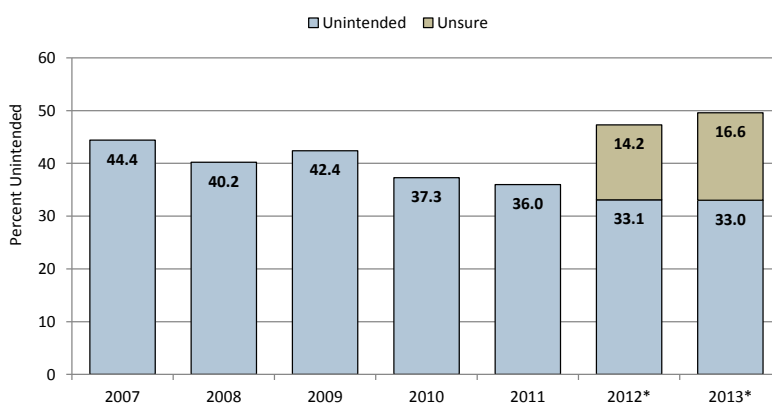
The proportion of unintended pregnancies\* reported by the 27 PRAMS states collecting these data was 41.7% (2010). Wyoming's proportion of unintended pregnancies in the same year was lower at 37.3%.<sup>3</sup>

### Maternal Characteristics<sup>4,5</sup>

Several characteristics have been associated with unintended pregnancies on the national level. Women are significantly more likely to have an unintended pregnancy if they are:

- Young (<20 years)
- African American, American Indian, or Alaska Native
- Unmarried
- Nulliparous (never given birth)
- Have 12 or less years of education.

Figure 1. Proportion of pregnancies that were unintended among Wyoming women. WY PRAMS 2007-2013\*



### Unintended Pregnancies in Wyoming

PRAMS Data from 2012-2013 reports that 33% of live births in Wyoming were the result of unintended pregnancies. No significant difference was observed between the two years (Figure 1). Figure 1 includes only live births and does not include deliveries to women who had a miscarriage, a fetal death, or chose to have an abortion.

Similar to national data, a higher percent of pregnancies were unintended among Wyoming women who were:

- Under 20 years old
- Unmarried
- From a minority racial group
- Enrolled in WIC and/or Medicaid during their pregnancy

### CDC Recommendations<sup>1</sup>

The CDC recommends women of reproductive age prevent unintended pregnancy by:

- Discussing pregnancy with their provider
- Using effective contraception correctly.

Unplanned pregnancies are associated with increased health risks for both the mother and the infant. To mitigate some of these negative outcomes, the CDC recommends all women of reproductive age engage in preconception health including:

- Taking folic acid daily
- Maintaining a healthy diet and weight
- Being physically active
- Quitting tobacco use
- Not using alcohol and drugs.

\* The PRAMS survey asks women about pregnancy intendedness. Women who experienced a pregnancy that did not result in a live birth are not included in these data.

# Health Behaviors and Unintended Pregnancy

Unintended pregnancy is associated with a variety of negative health behaviors and outcomes. Compared with women who intended to become pregnant, women who have an unintended pregnancy are more likely to:

- Choose not to breastfeed
- Not take folic acid or multivitamins prior to pregnancy
- Delayed prenatal care beyond the first trimester
- Smoke during pregnancy

Long-term consequences for children include low birth weight and birth defects.<sup>1</sup> Children may also have lower developmental scores and experience poorer mental and physical health later in life.<sup>6</sup>

## Wyoming Data

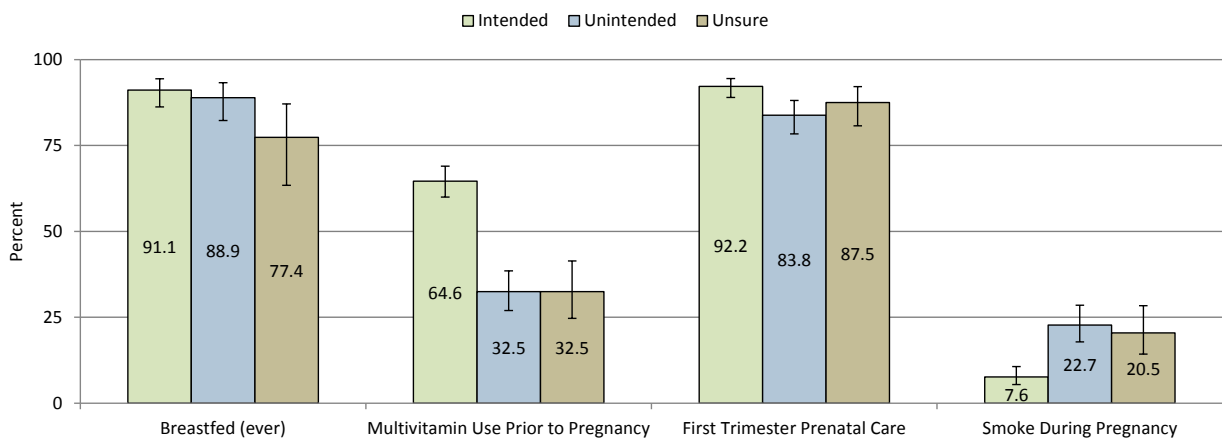
Similar associations between unintended pregnancies and health behaviors were observed in Wyoming (Figure 2, below).

Women who had an unintended pregnancy were *less likely* to

choose to breastfeed (77.4% v. 91.1%), use a multivitamin prior to pregnancy (32.5% v. 64.6%), or begin prenatal care in the first trimester (83.8% v. 92.2%).

They were also *more likely* to smoke during their pregnancy (22.7% v. 7.6%), to experience postpartum depression (19.0% v. 8.7%), and be a victim of interpersonal violence before or during their pregnancy (6.8% v. 3.2%) when compared to women with intended births.

Figure 2. Health Behaviors by Pregnancy Intention, WY PRAMS 2012-2013



## What is PRAMS?

The Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). Wyoming PRAMS collects Wyoming-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity.

To learn more about Wyoming PRAMS, visit our website:

<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/pregnancy-risk-assessment-monitoring-system-prams/data/>



Wyoming  
Department of Health

Public Health Division  
Wyoming Department of Health  
6101 Yellowstone Road,  
Suite 420  
Cheyenne, WY 82002

Phone: (307) 777-5769  
Fax: (307) 777-8687

E-mail: [PRAMS@wyo.gov](mailto:PRAMS@wyo.gov)

## References:

1. Centers for Disease Control and Prevention, Unintended Pregnancy Prevention, Accessed: October 8, 2016. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/>
2. Sonfield A and Kost K. Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010. New York: Guttmacher Institute, 2015.
3. Centers for Disease Control and Prevention (CDC). PRAMSTAT. Accessed 10/04/2016 at <http://www.cdc.gov/prams/pramstat/>
4. Finer LB and Zolna MR. Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*. 84(5):478-485.
5. Urban Indian Health Institute, Seattle Indian Health Board. Reproductive Health of Urban American Indians and Alaska Native Women: Examining Unintended Pregnancy, Contraception, Sexual History and Behavior, and non-Voluntary Sexual Intercourse. Seattle: Urban Indian Health Institute, 2010.
6. de La Rochebrochard E and Joshi H. Children Born After Unplanned Pregnancies and Cognitive Development at 3 Years: Social Differentials in the United Kingdom Millennium Cohort, 2013. *American Journal of Epidemiology*. 178(6):910-920.